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23460 7590 04/23/2002

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Wilma Del Nagro	(Depositor's name)
<i>Wilma Del Nagro</i>	(Signature)
May 30, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/762,374	03/19/2001	Bernad Brunner	207717	4018

TITLE OF INVENTION: ROLL-UP BLIND WITH STOWABLE GUIDING MEMBERS FOR THE WINDOW OF A VEHICLE

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
21	nonprovisional	NO	\$1280	\$0	\$1280	07/23/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON, BLAIR M	3634	160-370220

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. LEYDIG, VOIT & MAYER, LTD. 2. _____ 3. _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  Baumeister & Ostler GmbH & Co.	(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Germany
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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>1</u>	4b. Payment of Fee(s): <input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>12-1216</u> (enclose an extra copy of this form).
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(Authorized Signature) <i>Wilma Del Nagro</i>	(Date) May 30, 2002
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06/12/2002 NUMBER 00000034 09762374  
01 FC:142 1280.00 BP  
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